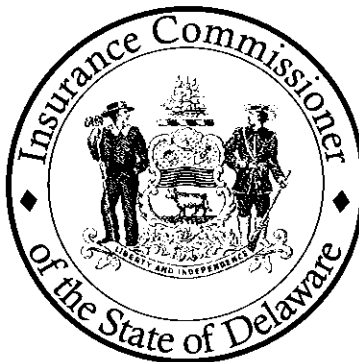


Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

DOCUMENTS NEEDED TO PROCESS APPLICATION FOR DEMUTUALIZATION OF A NON-DOMESTIC COMPANY

The following steps must be accomplished in order for the Department to issue a new Certificate of Authority as a Stock company:

1. provide copies of the Plan of Demutualization and Approval Order, certified by the home state;
2. complete and return attached Form 3P;
3. return original Delaware Certificate of Authority presently issued to the company for cancellation (new certificate will be issued as a stock company). If the original certificate cannot be located, an Officer of the company must state before a Notary Public that the original cannot be located and if ever found, it will be returned to the Delaware Department of Insurance.
4. submit a copy of the Company's amended articles/certificate of incorporation, certified to by the home state;
5. submit a copy of the amended By-Laws, if applicable, certified to by the Secretary of the company.
6. provide a check in the amount of \$120.00 or \$110.00 (\$100.00 for the new certificate of authority, \$10.00 for filing amended charter documents and \$10.00 for filing amended by-laws, if applicable. All fees are subject to retaliatory tax.

Regarding the forms presently filed with this Department, and if a name change is involved, please contact the Rates and Forms Department regarding instructions on refilling forms, and filing the Name Change Endorsement. If a life company, please contact Jennifer Dawson, Life/Health Insurance Forms and Rates Analyst at (302)674-7385 or Jennifer.Dawson@state.de.us. If a property/casualty company, please contact Ann Lyon, Property/Casualty Insurance Forms & Rates Analyst at (302)674-7372 or Ann.Lyon@state.de.us.

Any questions regarding agents presently appointed, should be directed to the attention of Linda Long, Office Manager, Producers' Licensing Section (302)674-7392 or Linda.Long@state.de.us.

Contact for Questions other than Rates and Forms and Producers' Licensing: Dorothy J. Speight, Insurance Compliance Specialist, (302)674-7344 or Dorothy.Speight@state.de.us.

State of Delaware
Department of Insurance
APPLICATION FOR INSURANCE COMPANY
CERTIFICATE OF AUTHORITY

Application is hereby made by

Corporate Title

Corporate Address

Administrative/Mailing Address

Incorporated or Organized on _____, in _____ as a

_____ (stock, mutual, reciprocal, mutual benefit etc.) Insurer for a Certificate of Authority to transact the business of insurance within the State of Delaware for the following lines, as set forth in Title 18, Delaware Code.

- | | | |
|--|---|--|
| <input type="checkbox"/> Life, including annuities | Casualty, including: | <input type="checkbox"/> Leakage & Fire Extinguisher Equipment |
| <input type="checkbox"/> Variable Life | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Variable Annuities | <input type="checkbox"/> Liability | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Credit Life | <input type="checkbox"/> Burglary & Theft | <input type="checkbox"/> Congenital Defects |
| <input type="checkbox"/> Health | <input type="checkbox"/> Personal Property Floater | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Credit Health | <input type="checkbox"/> Glass | <input type="checkbox"/> <u>Entertainments</u> |
| <input type="checkbox"/> Property | <input type="checkbox"/> Boiler & Machinery | <input type="checkbox"/> Miscellaneous |
| * <input type="checkbox"/> Surety | <input type="checkbox"/> Credit | |
| <input type="checkbox"/> Title | * <input type="checkbox"/> Workers' Compensation & Employer's Liability | |
| <input type="checkbox"/> Marine and Transportation | | |

***SPECIAL DEPOSITS REQUIRED (\$100,000 WORKERS' COMPENSATION AND \$10,000 SURETY)**

FED. EMPLOYERS I.D. # (EIN) _____ NAIC # _____

TELEPHONE # (_____) _____

Date

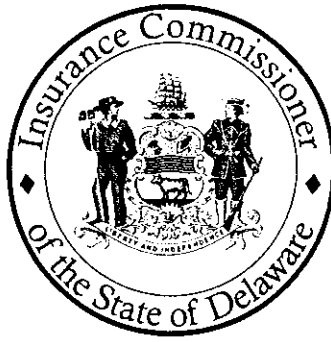
Corporate Title

Officer

Title

NOTE: Multiple Line Authority Conferred Through Licensing of Component Coverages

Matthew Denn
Insurance Commissioner



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**DESIGNATION OF PERSON FOR
RECEIPT OF SERVICE OF PROCESS**

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following as the person to whom process served upon the Commissioner against the above-cited company is to be forwarded [18 Del. C. Section 524(e)]

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

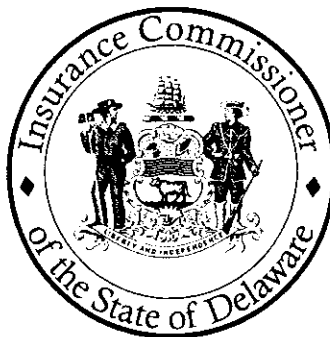
EIN #: _____ STATE OF INCORPORATION: _____

NAIC #: _____

WITNESS my hand and seal of the Company affixed hereto this ____ day of _____, 20____.

(SEAL) BY: _____
TITLE: _____

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

DESIGNATION OF PERSON TO RECEIVE DELAWARE
REGULATIONS, BULLETINS, DIRECTIVES AND
NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance
copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

NAIC #: _____ STATE OF INCORPORATION: _____

WITNESS my hand and seal of the Company affixed hereto this ____ day of _____,
20____.

(SEAL)

BY: _____

TITLE: _____